FORM D UNITED STATES OMR APPROVAL SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 Expires: April 30, 2008 Washington, D.C. 20549 Estimated average burden hours per response.....16.00 FORM D SEC USE ONLY Prefix NOTICE OF SALE OF SECURITIES Serial PURSUANT TO REGULATION D, DATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Limited Partnership Interests in Goldman Sachs Private Equity Partners IX-Manager Fund, L.P. Filing Under (Check box(es) that apply):
Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Goldman Sachs Private Equity Partners IX-Manager Fund, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) c/o Goldman, Sachs & Co., 85 Broad Street, New York, NY, 10004 1-800-526-7384 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) (if different from Executive Offices) **Brief Description of Business** Private Equity Investment Fund Type of Business Organization corporation ⊠limited partnership, already formed other (please specify): business trust □limited partnership, to be formed Year Actual or Estimated Date of Incorporation or Organization: 0 9 0 6 THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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FINANCIAL

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (Last name first, if individual) GSAM Gen-Par, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Goldman Sachs PEP 2005 Manager Advisors, LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o/ Goldman, Sachs & Co., Private Equity Group, 85 Broad Street, New York, NY 10004 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director Promoter ☐ Beneficial Owner Executive Officer ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Check Box(es) that Apply: □Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Director

☐ General and/or Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Beneficial Owner

1						B. INFO	RMATIO	N ABOU	T OFFER	ing	<u> </u>			-	
1.;	Has the	e issuer solo	d, or does t	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?.	,,,,				Yes	No ⊠
					A	ınswer also	in Append	ix, Column	2, if filing	under ULO	E.				
2. ⁱ	What is the minimum investment that will be accepted from any individual? *Subject to the discretion of the General Partner										\$ 10,000	0,000*			
3.	1									Yes	No				
:			. ,		J									⋈	
4.	remun- person five (5 only.	eration for or agent of persons to	solicitation f a broker o	of purchase or dealer reg are associate	ers in conne istered with	ction with s the SEC a	sales of sec nd/or with a	urities in th a state or sta	e offering. ates, list the	If a person name of th	to be listed e broker or	ission or sin is an associ dealer. If n broker or d	iated nore than		
Gold	lman, Sa	chs & Co.													
			ddress (Nu				Code)								_
			85 Broad S ker or Deal		York, NY	10004						· · · · · · · · · · · · · · · · · · ·			
State	s in Whi	h Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
	(Check	'All States'	or check i	ndividual S	tates)						🗵	All States			
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	$t_{\rm d}$	
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Busi	ness or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Nam	e of Asso	ciated Bro	ker or Deal	er											
State	s in Whi	ch Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Che	ck "All S	tates" or cl	heck individ	dual States)	***************************************							All States			
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			ddress (Nu		treet, City,	State, Zip C	Code)								
Nam	e of Asso	ciated Bro	ker or Deal	er											
State	s in Whi	ch Person L	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers			•					
(Che	ck "All S	tates" or ch	heck individ	dual States)		•••••••						All States			
I	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] .[KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] (MS) (OR) (WY)	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	\$ 85,000,000	\$ 85,000,000
	Other (Specify)	\$	S
1	Total	\$ 85,000,000	\$ 85,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		'n
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	` 3	\$ 85,000,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		ı
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amount
		Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs	\boxtimes	\$ 25,000
	Legal Fees	⊠	\$ 150,000
	Accounting Fees	. 🗆	\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$ 175,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	<u>.</u>	
l.	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 84,825,000	
; .	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Pan C - Question 4.b. above.			
		Payments to		
		Officers, Directors,	•	
		& Affiliates	Payments To Others	
	Salaries and fees	□ \$	□\$	
	Purchase of real estate	□\$	□ \$	
	Purchase, rental or leasing and installation of machinery and equipment	□\$	□\$	
	Construction or leasing of plant buildings and facilities	□\$	□\$	
ı	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	 \$	□\$	
	Repayment of indebtedness	_ \$	□\$	
•	Working capital	□\$	□\$	
	Other (specify): Investments in securities and activities necessary, convenient, or incidental thereto.	□\$	⊠ \$ 84,825,000	
	Column Totals	\$	☑ \$ 84,825,000	
ı	Total Payments Listed (column totals added)	⊠ \$ 84,825,000		
	D. FEDERAL SIGNATURE			
e	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed und	ler Rule 505, the followin	g signature constitutes	
	idertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its state accredited investor pursuant to paragraph (b)(2) of Rule 502.	ff, the information furnish .	ned by the issuer to any	
30	Date (Print or Type) Idman Sachs Private Equity Partners IX— Inager Fund, L.P.	ary /2 , 2007		
	me of Signer (Print or Type) Title of Signer (Print or Type)			
ÇI	nifer Barbetta Vice President of the Managing Member of the General P	artner of the Issuer		
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION